

LAKE NORMAN REGIONAL
MEDICAL CENTER
P. O. Box 3250
MOORESVILLE, N.C. 28117

10/18/10 PAGE 001 HEALTH MANAGEMENT ASSOCIATES

DA17 COID: 805

LAKE NORMAN REGIONAL MED CTR

AS OF 10/17/10

PATIENT: SCOCOZZO, MARIE

F/C: D P/T: OC

DSC CODE: 01

A/C: 6910609

ADMISSION: 05/19/10

DISCHARGE: 05/19/10

| CHG | DATE | DPT | REV | BAT# | HCPC | M1M2M3M4 | CHGCD | DESCRIPTION | QTY | AMOUNT |
|----------|------|-----|-----|-------|------|----------|-------|------------------|-----|----------|
| 05/19/10 | 429 | 636 | 8 | Q9967 | | | 39376 | LOCM 350-399MG/M | 1 | 211.70 |
| 05/19/10 | 429 | 352 | 8 | 71260 | | | 71260 | CT THORAX W/CONT | 1 | 2,307.02 |
| 05/19/10 | 429 | 352 | 8 | 74160 | | | 74160 | CT ABDOMEN W/CON | 1 | 2,801.49 |

| | | | | | | |
|---|---------|--------------|--------------|---------------|----------|----------|
| | | | | TOTAL CHARGES | | 5,320.21 |
| TOTAL: CASH> | 417.65- | ADJUSTMENTS> | 2,290.90- | BALANCE> | 2,611.66 | |
| SELECT: REV= * | DEPT= * | CHGCD= * | DATE/MDCY= * | TO/MDCY= * | | |
| CMD: 1=DAR, 2=PAT, 4=SUMMARY, 5=TOP, 6=END, 7=RETURN, 8=BACKWARD, 12=UPD, ENTER=FORWARD | | | | | | |